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BIBDATASHEET

CONFIRMATION NO. 6080

Bib Data Sheet

SERIAL NUMBER 10/029,551	FILING DATE 12/20/2001 RULE	CLASS 424	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. WAPH.002.04US
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/241,100 01/29/1999 PAT 6,558,952 *AA*
 which is a CIP of 09/127,028 07/30/1998 PAT 6,288,301
 which is a CON of 07/992,255 12/14/1992 PAT 5,885,956

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 01/29/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY NC	SHEETS DRAWING 8	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 6
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TITLE
 Treatment for diabetes

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)